

PTO/SB/36 (08-03)

Approved for use through 07/31/2006. OMB 0651-0031

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(35 U.S.C. 122(b)(2)(B)(ii))
**AND, IF APPLICABLE,
NOTICE OF FOREIGN FILING**
(35 U.S.C. 122(b)(2)(B)(iii))

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Application Number	10/656,653
Filing Date	09/03/2003
First Named Inventor	Cook
Title	Laryngeal Mask
Atty Docket Number	COOK 873C4
Group Art Unit	3761
Examiner	

A request that the above-identified application not be published under 35 U.S.C. 122(b) (nonpublication request) was included with the above-identified application on filing pursuant to 35 U.S.C. 122(b)(2)(B)(i). I hereby rescind the previous nonpublication request.

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9/15/04
Date

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SEP 16 2004

314-494-9571
Telephone Number

Ahaji K. Amas
Signature

Ahaji K. Amas
Typed or printed name

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Name (Print/Type)	Ahaji Amas, 46,831
Signature	Ahaji K. Amas
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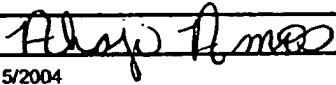
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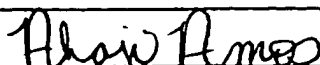
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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/656653
	Filing Date	09/09/2003
	First Named Inventor	COOK
	Art Unit	3761
	Examiner Name	
Total Number of Pages in This Submission	Attorney Docket Number	COOK 8713 C4

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): RESCISSION OF PREVIOUS NONPUBLICATION REQUEST
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm or Individual name	AHAJI AMOS	
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Typed or printed name	AHAJI AMOS, 46,831	
Signature		Date 9/15/2004

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